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Bib Data Sheet

CONFIRMATION NO. 5521

SERIAL NUMBER 09/665,303	FILING DATE 09/19/2000 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 17648-0014
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/022,322 02/11/1998 PAT 6,123,861
which is a CIP of 08/675,375 07/02/1996 PAT 5,797,898

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/14/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	DRAWING 9	CLAIMS 41	CLAIMS 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

Microchip drug delivery devices

FILING FEE RECEIVED 3564	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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